

Anæsthesia is then maintained without in the slightest degree interfering with the operation.

"4. In spite of statistics, I do not believe that a partial excision is *prima facie* more likely to be successful than a total extirpation, and the apparent improvement in results is probably due to the fact that the partial excisions were done by operators who had had previous experience in total extirpation.

"5. Lastly, I believe that removal of the whole larynx lessened the risk of perichondritis."—*Australian Medical Journal*, May, 1888.

JAMES E. PILCHER (U. S. Army).

VI. Cyst of Left Vocal Cord. By CHAS. W. HAYWARD, M.D. (Liverpool.) Patient was a female aged forty-three, healthy in appearance, markedly hoarse, had been so for six months, and it was getting worse. Larynx normal, except left cord. On the middle three-fifths of the cord for its entire breadth was a cyst, rounded in contour and sloping off at the ends, about one-eighth of an inch in thickness. Translucent and slightly striated in appearance. A ten per cent. solution of cocaine was painted on and the cyst incised with Schrotter's guarded inter-laryngeal knife. Clear mucus exuded. The cyst wall was pulled out by Schrotter's pincette and the inside touched with solid nitrate of silver, very little pain was experienced. The larynx was pencilled with weak solution of nitrate of silver for a few days. In about a fortnight the patient returned home, hoarseness almost disappeared and the cord looking very nearly normal.—*Lancet*, September 15, 1888.

H. H. TAYLOR (London.)

VII. Contributions to the Study of the Indications for Thyrotomy and Laryngotomy for Cancer of the Larynx. By CH. MONOD (Paris) and M. RENAULT (Paris.) From observations made upon a patient suffering from cancer of the larynx and who died following a preliminary trachotomy, the authors state the following indications for the treatment of this disease: 1st. As soon as there is only a suspicion of the disease, the patient should be informed of the dangers to be apprehended in order to be on his guard. 2nd. In

order to help clear up the diagnosis, antisyphilitic treatment in doubtful cases, should be instituted. 3rd. Tracheotomy, as low down as possible, should be performed. The patient thus becomes accustomed to the presence of the tampon cannula. At the same time for the purposes of a histological examination of the growth, a small portion should be removed per os. 4th. Should this examination give but a doubtful result, still the operation should be performed as quickly as possible. Simple thyrotomy or either partial or complete laryngectomy, according to the conditions found, should follow.—*Gaz. hebdomadaire*, No. 50, 1887.

G. R. FOWLER (Brooklyn.)

EXTREMITIES.

I. Colloid Cancer of the Hand and Forearm. By DR. IVANOFF (Varna, Bulgaria). A turkish peasant, æt. 36, of a healthy family, was admitted to the Varna District Hospital in a highly cachectic state, with a dark, soft, partly fluctuating, roundish tumor of the size of the patient's head, discharging a thick serous fluid and occupying the whole internal moiety of his right hand, the little finger being embedded totally, the three adjoining fingers only partially (with their dorsal and lateral surfaces). The new growth involved also the ulnar portion of the lower fourth of the forearm. Its surface was extensively ulcerated and partially gangrenous. Close to the tumor, higher up, there was felt another, somewhat lesser, but similarly soft and fluctuating swelling deeply embedded amongst the tissues of the inner side of the forearm, the integuments over it being normal and non-adherent, the subcutaneous veins dilated. The axillary glands were healthy. According to the man's statement about $4\frac{1}{2}$ years before, there had appeared, without any cause, a small tumor, of the size of a bean, situated between the little and ring fingers. Two years later it had attained the size of a hen's egg and became ulcerated, to grow very rapidly thenceforward, while 8 months before his admission he had noticed another swelling on his forearm. In view of the man's state growing alarmingly worse from day to day, Dr. Ivanoff, without delay made an amputation of the limb, about the middle of the humerus.